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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)  
OR

Attorney Docket Number	4716IF-2
First Named Inventor	Chantres Antoranz
<b><i>COMPLETE IF KNOWN</i></b>	
Application Number	not yet assigned
Filing Date	<u>herewith</u>
Art Unit	
Examiner Name	

**As the below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## LIPOSOMAL FORMULATIONS

(Title of the Invention)

the specification of which

is attached hereto

OB

was filed on (MM/DD/YYYY) : 04/01/2005 as United States Application Number or PCT International

Application Number PCY/ES04/00171 and was amended on (MM/DD/YYYY) (if applicable).

any amendment specifically referred to above.

and/or foreign national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
P200400826	ES	04/02/2004	<input type="checkbox"/>	<input type="checkbox"/>	X
P200402862	ES	11/26/2004	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	X

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:  Customer Number  
or Bar Code Label 22442 OR  Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR :**  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Jaime 	Family Name or Surname <b>MOSCOSO DEL PRADO</b>
---	--	---

Inventor's Signature

09/08/2005  
Date

Alcobendas

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Spanish

Residence: City

State

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Citizenship

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Country

**NAME OF SECOND INVENTOR:**

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	José Ramón 	Family Name or Surname <b>CHANTRES ANTORANZ</b>
---	---	---

Inventor's Signature

09/08/2005  
Date

Majadahonda

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Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



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**DECLARATION****ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
Page 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor	
María Ángeles Given Name		ELORZA BARROETA Family Name or Surname	
Inventor's Signature			09/03/2005 Date
Madrid Residence: City	Madrid State	Spain Country	Spanish Citizenship
Fac. Farmacia, Universidad Complutense de Madrid Mailing Address			
<b>Mailing Address</b> Madrid City      Madrid State      28040 ZIP      Spain Country			
<b>Name of Additional Joint Inventor, if any:</b>		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor	
Begoña Given Name		ELORZA BARROETA Family Name or Surname	
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<b>Name of Additional Joint Inventor, if any:</b>		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor	
Manuel Given Name		CORDOBA DIAZ Family Name or Surname	
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